

Supports Intensity Scale-Adult Version™ (SIS-A)™ : Annual Review Protocol.

The SIS-A Annual Review Protocol was developed by and is owned by the American Association on Intellectual and Developmental Disabilities (AAIDD).

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Product No. 357

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Research findings have supported the stability of the Supports Intensity Scale - Adult Version (SIS-A) scores. Although most people's intensity of support needs will be consistent over a three year period between SIS-A assessments, there are people whose support needs change during this time frame. The SIS-A Annual Review Protocol was created to help planning teams identify people whose intensity of support needs might have changed in important ways.

There are four sections to this SIS-A Annual Review. Each section is to be completed in consultation with at least two respondents who know the person being assessed well.

In each section, the critical question to be answered is, "Have there been meaningful changes since the last SIS-A assessment was completed?"

Section 1 - Identify any significant life events that may have impacted the pattern or intensity of the person's support needs.

Section 2 - Identify any significant health changes.

Section 3 - Identify any significant behavioral changes.

Section 4 - Identify any significant changes in 21 of the SIS-A items.

Through extensive statistical analysis, the 21 items were shown to be the best subset to understand the support need domains measured on the full version of the SIS-A.

Annual Review Summary - Determination regarding whether or not the support needs have changed in important ways since the prior SIS-A and actions to take.

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Demographic Information

DATE This Review Completed

DATE of prior SIS-A Assessment

First Name of person being assessed

Last Name of person being assessed

Social Security number (SSN) of person being assessed
Enter the 9 numbers with NO dashes. If you enter
dashes you will get an error message.

Case Management Agency of person being assessed.

First Name of person completing this Review

Last Name of person completing this Review

Reviewer email

Phone number of person completing this Review

First and last name of respondent #1

Respondent #1 relationship to person being assessed.
Respondent criteria includes knowing the person well
and spent significant time with the person in order
to know their support needs.

How long has respondent #1 known the person being assessed?
Respondent criteria includes knowing the person for a minimum of 90 days.

First and last name of respondent #2

Respondent #2 relationship to person being assessed.
Respondent criteria includes knowing the person well
and spent significant time with the person in order
to know their support needs.

How long has respondent #2 known the person being assessed?
Respondent criteria includes knowing the person for a minimum of 90 days.

Were there additional respondents during this review?

☐ Yes ☐ No

List all respondents names, and relationships to the person.

Section 1: Life Events

Has the person experienced any of the following life events since the previous SIS-A assessment?
(Check all that apply)

- ☐ Loss of parent, spouse, or other close loved one
- ☐ Personal injury or illness
- ☐ Change in financial status
- ☐ Change in residential status
- ☐ Change in employment status
- ☐ Involvement with the criminal justice system
- ☐ Change in social and/or recreational activities
- ☐ Changes in access to or regular use of technologies
- ☐ Retirement
- ☐ Birth of a child
- ☐ No significant life events

Do the life changes identified impact the pattern and/or intensity of the person's support needs?

☐ Yes ☐ No

Please specify the change in support needs due to life events.

Section 2: Health Problems or Medical Issues**Section 3: Challenging Behaviors**

Since the prior SIS-A assessment, has the person experienced any new health problems or medical issues that impact his or her support needs?

☐ Yes ☐ No

Please specify the change in support needs due to health changes.

Since the prior SIS-A assessment, has the person engaged in any new challenging behaviors that impact his or her support needs?

☐ Yes ☐ No

Please specify the change in support needs related to behavior challenges.

Section 4: SIS-A items that collectively show a strong association with the support need domains.

Please review and indicate if there has been a change in the person's support needs in any of these life activities since the prior SIS-A assessment.

Check all that apply.

- ☐ Operating home appliances
- ☐ Housekeeping and cleaning
- ☐ Using the toilet
- ☐ Using public services in the community
- ☐ Interacting with community members
- ☐ Going to visit friends and family
- ☐ Learning and using problem-solving strategies
- ☐ Learning health and physical education skills
- ☐ Participating in training/educational decisions
- ☐ Learning and using specific job skills
- ☐ Interacting with coworkers
- ☐ Accessing/receiving job/task accommodations
- ☐ Taking medications
- ☐ Learning how to access emergency services
- ☐ Maintaining a nutritious diet
- ☐ Making and keeping friends
- ☐ Engaging in loving and intimate relationships
- ☐ Socializing within the household
- ☐ Protecting self from exploitation
- ☐ Exercising legal/civic responsibilities
- ☐ Obtaining legal services
- ☐ No change in support needs in any of the listed life activities since the prior SIS-A assessment

Do the changes identified impact the pattern and/or intensity of the person's support needs?

☐ Yes ☐ No

Please specify the change in support needs related to the SIS-A items.

Annual Review Summary

Based on information collected in sections 1-4, please indicate the summative conclusion from this review.

- ☐ The pattern and intensity of this person's support needs have NOT meaningfully changed since the prior SIS-A assessment.
- ☐ The pattern and intensity of this person's support needs HAVE meaningfully changed since the prior SIS-A assessment.

Please summarize the pattern and intensity of supports that have changed and what has been put in place (or the plans to put in place) for meeting those needs.

When the review suggests that there are changes in the pattern and/or intensity of support needs since the last SIS-A, indicate the action to take.

- ☐ There are changes to support needs and the changes can be or have been managed through a plan modification without the need for another SIS-A
- ☐ The changes to support needs are significant enough that the current SIS-A assessment does not indicate the need for those supports; therefore a new SIS-A is being requested.